

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

10000

676

-62-022026

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 18 1962

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. JosephLength of stay in 1b
12 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Methodist HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
704 North 7th Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
MARY (May) D. HUNTER4. DATE OF DEATH
Month Day Year
May 12 19625. SEX
Female6. COLOR OR RACE
White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
Dec. 12, 1882---799. AGE (last birthday)
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housekeeper10b. KIND OF BUSINESS OR INDUSTRY
Home11. BIRTHPLACE (City and state or country)
Cahokia, Illinois12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Luther Glenn

13b. MOTHER'S MAIDEN NAME

Julia Bernette

14. NAME OF HUSBAND OR WIFE

(de) James Hunter

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no17. INFORMANT
Address
Marie Hunter, Kansas City, Mo18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH
6 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerosis, generalized

20 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at5-7-62
3:15 P

5-12-62

and last saw her alive on 5-12-62

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

420 N. 8th, St. Joseph, Mo

22c. DATE SIGNED

5-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

5-12-62

23c. NAME OF CEMETERY OR CREMATORY

Floral Hills, Inc.

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

Floral Hills Chapels Kansas City Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

June 14, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Charles Standell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

R. Forgrave, M.D.

1961 ST NOV SA

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. M. Joiner
Licensed Embalmer No. 3453

P. O. Address K. E. Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

OFFICE OF THE STATE EMBALMER